

DEBT MANAGEMENT ACT BUSINESS HISTORY FORM

(This form is required pursuant to Rule 2(5) of the Debt Management Rules)

PLEASE NOTE: This form, along with three Affidavit of Character forms and a Fingerprint Card (available through OFIS by calling 1-877-999-6442) **MUST** be completed for each officer, director, partner, proprietor, member counselor, and office manager.

(Note: This form is not required to be completed by a director or its equivalent, if he/she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

Make copies as needed.

Name					
Address					
Debt Management Firm				Position with this Firm	
Employment Date / /	Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Birth / /	Place of Birth	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO

Educational Institutions attended

Institution	Address	Dates Attended	Year Completed or Degree

List employment for the last five years starting with current position. Account for all time; if unemployed, state so and give dates.

Name of Employer and Complete Address	From	To	Position Held	Reason for leaving

List all home address for the past five years starting with present address

Number and Street	City	State	From	To

Answer each question. If you answer "yes" to any of the following, please attach complete details.

- ☐ YES ☐ NO Have you been adjudicated as bankrupt or were you ever a partner, director, officer, member or manager of any firm or company which was adjudicated as bankrupt or for which a receiver was appointed either during the time or within one year after you were connected with it?
- ☐ YES ☐ NO Have you been the subject of receivership proceedings?
- ☐ YES ☐ NO Have you made an assignment for the benefit of creditors?
- ☐ YES ☐ NO Have you been convicted of a misdemeanor or a felony (excluding motor vehicle traffic misdemeanors)?
- ☐ YES ☐ NO Have you been refused any license by the Office of Financial and Insurance Services or any other governmental body?
- ☐ YES ☐ NO Have you had any license suspended or revoked?
- ☐ YES ☐ NO Have you had application for license withdrawn?
- ☐ YES ☐ NO Have you been charged in any suit with any fraudulent or dishonest acts in any transaction?
- ☐ YES ☐ NO Have you been involved in any civil litigation arising out of the debt management business?
- ☐ YES ☐ NO Have you defaulted in the payment of money collected for others?
- ☐ YES ☐ NO Is there any litigation pending against either yourself or any firm or company of which you are now a partner, officer, director, member or manager?

Describe the experience you have had in the business of debt management:

I do hereby certify that the above information is true and correct:

Signature	Date
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Michigan Department of Labor & Economic Growth

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Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442